

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
4-18-05						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		4-18-05		4-18-05	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	1	1	1
2						53	1	1	1
3						58	1		
4						54	1		
5						55			
6						56	1		
7						57	1		
8						58	1		
9						59	1		
10						60	1		
11						61			
12						62			
13						63			
14						64			
15						65			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44	1		1			94			
45	1		X	X		95			
46	1		1			96			
47	1		1			97			
48	1		1			98			
49	1		X	X		99			
50	1		X	X		100			
TOTAL IND.			3			TOTAL IND.	0		
TOTAL DEP.			1			TOTAL DEP.	10		
TOTAL CLAIMS			4			TOTAL CLAIMS	10		